Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		A DATE SUBMITTED		Non-Branch I de	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED October 17, 2005		Applicant Iden	nuner
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED I	BY STATE	State Applicat	
☑ Construction	Construction	4. DATE RECEIVED I	BY FEDERAL AGE	NCY Federal Identi	fier
Non-Construction	Non-Construction			M -06-UC-06-	0005
5. APPLICANT INFORMATION Legal Name:			Organizationa	il Unit	
County of Sacramento		Comment of 61. of 1/2/2005 Printing.	Department:		
Organizational DUNS:	-+ REC		Division:	ousing and Redevelop	ment Agency
139400514	E U. 10567				
Address: Street:	- 1 - 0CT	1 4 2005		ephone number of pe application (give are	rson to be contacted on matters
630 I Street			Prefix:	First Name:	
City: Sacramento	STATE CL	EARING HOUSE	Middle Name	Sarah	
County: Sacramento			Last Name Thomas Hanse	ะก	
State: California	Zip Code 95814		Suffix:		
Country: USA			Email: shansen@shra	ora.	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			(give area code)	Fax Number (give area code)
94-6000759	, , 		(916) 440-1322		(916) 447-2261
8. TYPE OF APPLICATION:					k of form for Application Types)
□ New	Continuatio	n 🕅 Revision			
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)	, , , , , , , , , , , , , , , , , , , ,	Municipal Other (anality)		
dee back of form for description			Other (specify)		
Other (specify)				EDERAL AGENCY: ent of Housing and Urb	pan Development
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		14-218	2006 Commun	ity Development Block	Grant Projects
TITLE (Name of Program): Community Development Block	Grant				
12. AREAS AFFECTED BY PRO		s, States, etc.):			
County of Sacramento		· ,			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date: January 1, 2006	Ending Date: December 31, 2006		a. Applicant 3rd, 4th, 5th, ar	nd 11th	b. Project Brd, 4th, 5th, and 11th
15. ESTIMATED FUNDING:	December 31, 2000				REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372	PROCESS?	MARDI ICATIONI MACAMARE
a. reuciai p		6,348,413	^v	WITWOLE IO IUE 21/	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		00		OCESS FOR REVIEV	
c. State \$		800,000	DA	ITE: October 1	4, 2005
d. Local \$		14,064,488	b. No. 🏳 PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		3,617,307	FO	R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		569,408	17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		25,399,616		attach an explanation	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY O	PPLICATION/PRE/ F THE APPLICAN ^{**}	APPLICATION ARE T	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Ms.	First Name			Middle Name	
Ms. Last Name	Anne	***************************************		M. Suffix	
Moore b. Title	•				(-l
Executive Director				c. Telephone Number (916) 440-1319	(give area code)
d. Signature of Authorized Repres	sentative			e. Date Signed 10/1	3/05

Previous Editor Leasie

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTE October 17, 2005	D	Applicant Ider	ntifler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applicat	tion Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Federal Identi	fler
Non-Construction	Non-Construction		,	B-06-MC-06-0	0003
5. APPLICANT INFORMATION Legal Name:	Control de la co		Organizational Ur	,i+·	
City of Sacramento	REC	EIVED	Department: Sacramento Housi	.,	
Organizational DUNS: 139400514			Division:	ng and Redevelop	oment Agency
139400514 Address:	- 	1 4 2005	Name and telepho	no number of no	erson to be contacted on matters
Street:			involving this app	•	
630 I Street	STATE CLE	ARING HOUSE	Prefix: Ms.	First Name: Sarah	
City: Sacramento			Middle Name		
County: Sacramento			Last Name Thomas Hansen		
State: California	Zip Code 95814		Suffix:	_	
Country: USA			Email: shansen@shra.org		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	WWW.	Phone Number (giv		Fax Number (give area code)
94-6028238	1		(916) 440-1322		(916) 444-2261
8. TYPE OF APPLICATION:		WWW.	7. TYPE OF APPL	CANT: (See bac	k of form for Application Types)
□ Nev		n Revision	Municipal		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE		nan Devolonment
10. CATALOG OF FEDERAL I	OMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
		1 4-2 1 8	2006 Community D	evelopment Block	k Grant Projects
TITLE (Name of Program):	•	1 7-2 10			
Community Development Block 12. AREAS AFFECTED BY PR		s States etc.):			
City of Sacramento	occor (omes, counte	a, diales, etc./.			
13. PROPOSED PROJECT			14. CONGRESSIO	NAI DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
January 1, 2006 15. ESTIMATED FUNDING:	December 31, 2006		3rd, 4th, 5th, and 1		Brd, 4th, 5th, and 11th REVIEW BY STATE EXECUTIVE
			ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$		6,223,328			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		25,000		ESS FOR REVIEV	
c. State \$		00	DATE:	October 14, 2005	j
d. Local \$		0 00			'ERED BY E. O. 12372
e. Other \$		17,505,483		OGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$		990,250	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		27,808,443	Yes If "Yes" atta	ch an explanation	. 🗷 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS A	APPLICATION/PREAPP	LICATION ARE T	RUE AND CORRECT THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY	OF THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	TEANI-			•	
Prefix Ms.	First Name Anne		Midd M.	le Name	
Last Name Moore			Suffi	×	
o. Title Executive Diractor				lephone Number) 440-1319	(give area code)
I. Signature of Muthorized Repre				te Signed	21. 5
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APPLICATION		_	O DATE OUDINETTED		<u> </u>	Version 7/03
FEDERAL ASS	SISTANC	E	2. DATE SUBMITTED	10/7/05	Applicant Ider	ntifier
1. TYPE OF SUBM Application	IISSION:	Pre-application	3. DATE RECEIVED B	Y STATE	State Applicat	tion Identifier
☐ Construction		Construction	4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Identi	fier
Non-Construct		Non-Construction				
5. APPLICANT INF Legal Name:	ORMATIO	N		Organizationa	ıl Unit:	
The Redevelopmer	nt Agency o	f the City of San Jose		Department: Industrial Dev		
Organizational DUI				Division:	eiopment	
N/A Address:	****			Name and teld	enhone number of ne	erson to be contacted on matters
Street:	C4 4445 E1			involving this	application (give are	
200 E. Santa Clara	3t., 14th Fi	ooi		Prefix: Ms.	First Name: Julie	
City: San Jose				Middle Name		-
County: Santa Clara			•	Last Name Amato		
State: California		Zip Code 95113		Suffix:		man meneral and an analysis and an an an analysis and a state of the second and a second and a second assessment
Country: USA			4.00.000	Email:	aniasaaa aay	
	NTIFICATI	ON NUMBER (EIN):		julie.amato@s Phone Number	anjoseca.gov r (give area code)	Fax Number (give area code)
94-151	910	7		(408) 795-1845	5	(408) 292-6755
8. TYPE OF APPLI			1949 Medical Care Care Care Care Care Care Care Care	7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
	✓ Ne		n 🔲 Revision	Redevelopmer	nt Agency incorporated	I under State of California law
If Revision, enter ap (See back of form for	propriate le or descriptio	tter(s) in box(es) n of letters.)		Other (specify)		
Other (analify)					EDEDAL AGENOV	
Other (specify)					EDERAL AGENCY: elopment Administration	on, Department of Commerce
10. CATALOG OF	FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
			11-307	Phase 1 of the	San Jose Electronic	Fransportation Development Center
TITLE (Name of Pro Economic Adjustme	ogram): ent Assistar	ice				
12. AREAS AFFEC	TED BY P	ROJECT (Cities, Counties	, States, etc.):			
San Jose						
13. PROPOSED PF Start Date:	ROJECT	Ending Date:		a. Applicant	SIONAL DISTRICTS	OF: b. Project
January 1, 2006		December 31, 2006		California Di	stricts 15 and 16	same
15. ESTIMATED FU	JNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal	\$		200,000	a Ves IZI TH	IS PREAPPLICATION	I/APPLICATION WAS MADE
b. Applicant		and the second s	00	AV	'AILABLE TO THE STA ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
c. State	Tank Tank	CEIVED	90,000 .		TE: 10/7/0	15
	I I lance	Dennes B & Printers			, ,	
d. Local	O(\$	T 1 3 2005	•	b. No. 🗖 PR	OGRAM IS NOT COV	'ERED BY E. O. 12372
e. Other	\$		110,000		R PROGRAM HAS NO PR REVIEW	T BEEN SELECTED BY STATE
f. Program Income	STATES	CLEARING HOUSE	00			NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	A CONTESTO MELE, CONTESTO CONTESTO MANOR DESCRIPTION DE LA CONTESTO DE	400,000	Yes If "Yes"	' attach an explanation	ı. 🗷 No
DOCUMENT HAS B	BEEN DULY	OWLEDGE AND BELIEF, AUTHORIZED BY THE THE ASSISTANCE IS A	GOVERNING BODY OF	PLICATION/PRE	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Repre						
Prefix Mr.		First Name Harry			Middle Name S.	
Last Name Mavrogenes					Suffix	
b. Title Executive Director					c. Telephone Number (408) 795-1888	(give area code)
d. Signature of Author	orized Repr	esentative)		e. Date Signed /0/	6/05
Previous Edition Usa Authorized for Local	-	on /		······································	<u> </u>	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

user (916) 323-3018 for cl state review p.1

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED October 12, 2006		Applicant Ide	ntifier
1. TYPE OF SUBMISSION: Application	Dro application	3. DATE RECEIVED BY	STATE	State Applica	ition Identifier
Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ideni	lifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	L. Non-Construction	1			
Legal Name:			Organizational Unit		
San Francis∞ State University			Department: Romberg Tiburon Ce	nter for Enviror	nmental Studies
Organizational DUNS: 942514985			Division:	:	
Address:			Name and telephone	e number of p	erson to be contacted on matters
Street:			involving this applic	cation (give are	
3152 Paradise Drive			Prefix: Dr.	First Name: Katharyn	
City: Tiburon			Middle Name Elizabeth	:	
County:			Last Name		
Marin State:	Zip Code 94920-1205		Boyer Suffix:		
California Country:	94920-1205		Email:		
USA			katboyer@sfsu.edu		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
93-1137247)		415-338-3751		415-435-7120
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bad	k of form for Application Types)
New John Control of the Control of t		n 🧵 Revision	1	ï	
If Revision, enter appropriate lette (See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER	AL AGENCY:	
			NOAA	AL AGLITOT.	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPL	ICANT'S PROJECT:
		1 1-4 6 3			ína ìn San Francisco Bay:
TITLE (Name of Program): Habital Conservation		المالية المالية	monitoring to evaluat	e a seeding ted	chnique
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	. States, etc.):	1	i i	
Marin, Contra Costa, and Alame		,	,	į	
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant	!	b. Project
March 1, 2006 15. ESTIMATED FUNDING:	February 28, 2007		6 (Romberg Center)	1010100	6, 7, 13
			ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$		72,101	A Ves IV THIS PRI	EAPPLICATION	WAPPLICATION WAS MADE
b. Applicant \$		00	1 AANITAD	IS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON
c. State \$		25,758	DATE: 10	0/12/05	
d. Local \$, au	PROGRA	MISNOTCO	/ERED BY E. O. 12372
e. Other \$		OB	D. NO. 11 1	1	OT BEEN SELECTED BY STATE
f. Program Income \$		00	FOR REV	/IEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	-	· 20	I I I I I I I I I I I I I I I I I I I	MI BEEMQUE	NO OWART ! LDENAL DED! !
		97,859	Yes If "Yes" attach		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (SOVERNING BODY OF T	LICATION/PREAPPLI HE APPLICANT AND	CATION ARE THE APPLICA	TRUE AND CORRECT. THE NOT WILL COMPLY WITH THE
a. Authorized Representative					
Brefix Br.	First Name Kenneth		Middle	Name	
Last Name Paap		-	Suffix		
o. Title		-	c. Tele	phone Number	(give area code)
Associate Vice President 1. Signature of Authorized Repres	sentative		(415) 3	338-7091	
o.g.addio of Addiorged Reples	ocinative		e. Date	Signed	

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RECEIVED

OCT 1 2 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

PART I. FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE			NCE 1. TYPE OF SUBMISSION: Non-Construction			
2a. DATE SUBMITIED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/29/05	3. DATE RECEIVED BY STATE:		STATE APPLICATION	IDENTIFIER:		
2b. APPLICATION ID;	4. DATE RECEIVED:		GRANT NUMBER:	•		
06\$R056332	09/29/05		S. C. C. C. STREET, T			
5. APPLICATION INFORMATION						
LEGAL NAME: Ymen of Greater Whittier	Heart West of the Section of the Sec	1		OR PROJECT DIRECTOR OR OTHER		
DUNS NUMBER: 089884592		PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give ame codes):				
ADDRESS (give street address, city, state and	d zip code):	NAME: Jerry Lai	blin			
12510 E Hadley St		TELEPHONE N	UMBER: (562)907-6545			
Suite 203 Whittier CA 90601 - 3942		FAX NUMBER:				
	No.		AIL ADDRESS: .TLniblinyr	men@hotmil.com		
 EMPLOYER IDENTIFICATION NUMBER (E 951684795 	/ //):	7. TYPE OF APP	PLICANT:			
331004775		1_	Based Organization	hand have to have II \ less land		
B. TYPE OF APPLICATION:		,		RECEIVED		
X NEW CONTIN	ИОПА			0.07 1 0 2005		
REVISION	process or minimum processing . pt 1:200 111			OCT 1 2 2005		
If Revision, enter appropriate letter(s) in box(es	s):			STARING HOUSE		
A. Increase Award B. Decrease Award	C. Increase Duration			STATE CLEARING HOUSE		
D. Decrease Duration				The state of the s		
			DERAL AGENCY: tion for Nationa	al and Community Service		
10a, CATALOG OF FEDERAL DOMESTIC ASS	ISTANCE NUMBER: 94,002	11. DESCRIPTIV	E TITLE OF APPLICANT	S PROJECT		
10b. TITLE: Retired and Senior Valunteer Prog	ram	RSVP of Gre				
12. AREAS AFFECTED BY PROJECT (List Cit)	es. Counties, States, etc);					
Downey, Norwalk, La Mirada, Pico Rivera, San Habra Heights, Pasadena, Monrovia, Araudia an	a Fe Springs, Whittier, La Habra, La d other cities in the North San Gabriel Riv					
13. PROPOSED PROJECT: START DATE: 01/4	01/06 END DATE: 12/31/08	14. PERFORMAN	ICE PERIOD: START DA	TE: END DATE;		
15. ESTIMATED FUNDING:						
a. FEDERAL	\$ 126,100,00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
b. APPLICANT	\$ 155,657.00	YES, THIS P	PREAPPLICATION/APPLI E STATE EXECUTIVE OR	ATION/APPLICATION WAS MADE AVAILABLE CCUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 33,000.00	REVIEV DATE:	W ON:			
d. LOCAL	\$ 33,000.00					
e. OTHER	\$ 0,00					
1. PROGRAM INCOME	\$ 89,657,00	17 15 THE ADDI I	CANT DELINQUENT ON	ANY EEDERAL OCEAN		
g. TOTAL	1.11	S if "Yes," attach an ex				
8. TO THE BEST OF MY KNOWLEDGE AND E JULY AUTHORIZED BY THE GOVERNING BO S AWARDED.	\$ 281,757.00 ELIEF, ALL DATA IN THIS APPLICATION DY OF THE APPLICANT AND THE AP	ON/PREAPPLICAT PLICANT WILL CO	ION ARE TRUE AND CO	RRECT, THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE ASSISTANCE		
TYPED NAME OF AUTHORIZED REPRESEN				TELEPHONE NUMBER:		
Mike Blackmore	President & CEO		С.	(562) 907-2727		
1076			d,	DATE:		

3. DATE RECEIVED BY STATE State Application Pre-application Construction ADATE RECEIVED BY FEDERAL AGENCY Federal Identifier S. APPLICANT INFORMATION Non-Construction N
Construction Co
**Mort-Construction Non-construction Non-construction **Acterra: Action for a Sustainable Earth Department: San Francisquito Watershed (ouna) **Department: San Francisquito Watershed (ouna) **Dep
Action for a Sustainable Earth Department: San Francisquito Watershed (ounal Division: Street: 3921 East Bayshore Rd. City: Palo Alto City: Palo Alto County: Santa Clara County: Santa Clara County: USA RECFIVED First Name: Kathleen Middle Name Rose Last Name Pilat Suffix: County: USA RECFIVED Fine Number (give area code) Fax
Acterra: Action for a Sustainable Easth Department: Gan Francisquito Watershed Counal Division: Name and telephone number of person to be contacted on matters Involving this application (give area code) Prefix: Ns First Name: Kathleen Middle Name Rose Last Name Pilat Suffix: County: USA County: USA Email: Katiep@ acterra.org Phone Number (give area code) Fax Number (give area co
Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: NS First Name: Kathleen Middle Name Rose County: U.S.A Country: U.S.A RECFIVED Phone Number (give area code) Phone Number (give area code) Phone Number (give area code) Fax Number (g
Name and telephone number of person to be contacted on marters involving this application (give area code) Prefix: Ns. First Name: Kathleen Middle Name Rose Last Name Pilat State: CA Zip Code 94303 Country: U.S.A RECFIVED 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8. TYPE OF APPLICATION: FREVISION, enter application(s) in box(es) See back of form for itescription of letters:) Other (specify) Other (specify) 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Name and telephone number of person to be contacted on marters involving this application of part involving this application of part involving this application for profix. Name and telephone number of prefix application to be contacted on marters involving this application of prefix. Middle Name Rose Last Name Pilat Suffix: Email: Katie p @ acterra.org Phone Number (give area code) 450-962-9876 x 305 650-962-8234 TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Son Francisquito Creek Steel head Habitat Stewardship 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City: Pato Alto City: Pato Alto County: Santa Clara State: CA County: USA 6. EMPLOYER IDENTIFICATION NUMBER (EIN) OCT 1 2 2005 RECEIVED Phone Number (give area code) 450-962-9876 x 305 650-962-8234 TYPE OF APPLICATION: (See back of form for Application Types) Revision, enter appropriate lietter(s) in box(es) See back of form for description of letters:) Other (specify) Other (specify) Other (specify) TITLE (Name of Program): Habitat Conservation Takes affected by PROJECT (Cities, Counties, States, etc.): Description Middle Name Rose Last Name Rose Last Name Pilat Fax Number (give area code) 450-962-9876 x 305 Fax Number (give area code) 450-962-9876 x 305 For Applicant: (See back of form for Application Types) O. Not for Profit Organization Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries TITLE (Name of Program): Habitat Conservation Types Of Applicant Stewardship Takes affected by PROJECT (Cities, Counties, States, etc.):
County: Santa Clara State: CA Zip Code 94303 Suffix: County: U.S.A RECFIVED Email: Katiep@ acterra.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): OCT 1 2 2005 Phone Number (give area code) (50-962-9876 x 305 650-962-8234) 8. TYPE OF APPLICATION: Continuality of County and Continuality of County of Revision, enter appropriate lighter(s) in box(es) Free phone Number (give area code) Fax Number (give area code) (50-962-9876 x 305 650-962-8234) TYPE OF APPLICATION: Continuality of County and County of County and County of County of County of Revision, enter appropriate lighter(s) in box(es) Free phone Number (give area code) Fax Number (give area code) (50-962-9876 x 305 650-962-8234) TYPE OF APPLICATION: One of Profit Organization of Revision, enter appropriate lighter(s) in box(es) One of Federal Agency: No AA Fisheries One of Federal Agency: No
State: CA Zip Code 94303 Suffix: Country: U.S.A RECFIVED Email: Katiep@ acterra.org Phone Number (give area code) Fax Number (give area code) DETITION Phone Number (give area code) Fax Number (give area code) DETITION Continuation Types) Type of applicant: (See back of form for Application Types) Type of applicant: (See back of form for Application Types) Other (specify) See back of form for description of letters:) Other (specify) NAME OF FEDERAL AGENCY: NOAA Fisheries TITLE (Name of Program): Habitat Conservation Title (Name of Program): Habitat Conservation Descriptive Title of applicant's Project: See back of form for Application Types) See Lack of form for description of letters: Descriptive Title of Applicant's Project: Son Francisquito Creek Steelhead Habitat Stewardship Description Descriptive Title of Applicant Descriptive Title of
Suffix: Country: USA RECFIVED Email: Katiep@ acterra.org Phone Number (give area code) Fax Number
RECFIVED Email: Katiep@acterra.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 0CT 1 2 2005 Phone Number (give area code) 450-962-9876 x 305 650-962-8234 7 TYPE OF APPLICATION: Revision, enter appropriate: lighter(s) in box(es) See back of form for description of letters:) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Phone Number (give area code) Fax Number (giv
6. EMPLOYER IDENTIFICATION NUMBER (EIN): OCT 1 2 2005 Phone Number (give area code) 650-962-8234 TYPE OF APPLICATION: Revision, enter appropriate lighter(s) in box(es) See back of form for description of letters:) Other (specify) Other (specify) Other (specify) Phone Number (give area code) 650-962-8234 TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Son Francisquito Creek Steelhead Habitat Stewardship 12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.): DOWNTAM
8. TYPE OF APPLICATION: New ContinuaTente CLEAR MEMONOUSE Revision, enter appropriate letter(s) in box(es) See back of form for description of letters: Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conse vation 12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.): OTHER (See back of form for Application Types) Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Son Francisquito Creek Steelhead Habitat Stewardship 12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.):
Revision, enter appropriate letter(s) in box(es) See back of form for description of letters: Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conse (vation 12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.): Descriptive Title of Applicant's Project: Son Francisquito Creek Steelhead Habitat Stewardship Descriptive Title of Applicant's Project: Steelhead Habitat Stewardship Descriptive Title of Applicant's Project: Steelhead Habitat Stewardship Descriptive Title of Applicant's Project: Son Francisquito Creek Steelhead Habitat Stewardship Description
other (specify) Other (specify) Other (specify) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conse (vation 12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.): Other (specify) 9. NAME OF FEDERAL AGENCY: NOAA Fisheries 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Son Francisquito Creek Steelhead Habitat Stewardship Downton
Other (specify) 9. NAME OF FEDERAL AGENCY: NO AA Fisheries 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conse (vation) 12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.): 9. NAME OF FEDERAL AGENCY: NO AA Fisheries Son Francisquito Creek Steelhead Habitat Stewardship Down Title (Citles Counties
TITLE (Name of Program): Habitat Conservation 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Downton
TITLE (Name of Program): Habitat Conservation 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Downton
12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.):
12. AREAS AFFECTED BY PROJECT (Citles, Counties, States, etc.):
13 PHOPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF:
Start Date: 9/1/06 Ending Date: 7/31/08 a. Applicant (4
15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal S 34,900 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
h Amplicant PROCESS FOR REVIEW ON
c. State 5 768 DATE: 10/12/05
d. Local PROGRAM IS NOT COVERED BY E. O. 12372
e. Other 5 00 190 00 00 PROGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
1. Flogram mounte
70,010
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS SOF ELECTION AND THE APPLICANT WILL COMPLY WITH THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURIANCES IF THE ASSISTANCE IS AWARDED.
a. Authorized Representative
Suffix
Tolophone Number (nive area code)
d Signature of Authorized Representative
d. Signature of Authorized Representative Standard Form 424 (Rev.9-2003)
d. Signature of Authorized Representative Standard Form 424 (Rev.9-2003 Previous Edition Usable Authorized for Local Reproduction

APPLICATION FOR	· •	2 DATE CUDMITTED		Applicant Iden	Version 7/0:
FEDERAL ASSISTANCE	_	2. DATE SUBMITTED			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	fier
Non-Construction	Non-Construction				*
5. APPLICANT INFORMATION Legal Name:			Organizationa	al Unit:	
Monterey Park Tract Communit	y Services District		Department:		
Organizational DUNS: 197260925			Division:		
Address:					rson to be contacted on matters
Street: P.O. Box 1301			involving this Prefix:	application (give are First Name:	a code)
7725 Monterey Avenue			Mr	David	
City: Ceres			Middle Name		
County: Stanislaus			Last Name McNeir		
State: CA	Zip Code 95307		Suffix:		
Country: United States of America			Email: McneDav@ac	ol com	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		 	Γ (give area code)	Fax Number (give area code)
55-0863830]		209/541-1563		559-651-3634
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	of form for Application Types)
☑ Nev		n 🔲 Revision	G.		
lf Revision, enter appropriate lett (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	
10. CATALOG OF FEDERAL (OMESTIC ASSISTANC	C NIIMPED:	L	nt of Agriculture, Rural I	
III. CATALOG OF FEDERAL I	JOWESTIC ASSISTANC			k Tract Clean Water Pro	
TITLE (Name of Program):		10-760	Workstoy Full	C Trade Clour Water Th	5,000
Water and Waste Disposal Loar					
12. AREAS AFFECTED BY PR	,	• •			•
Community of Monterey Park Ti	ract, Stanislaus County, (Jalifornia	44 CONCEE	CONAL DISTRICTS	or.
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL DISTRICTS	b. Project
3/2006	9/2006			18th	18th
15. ESTIMATED FUNDING:			ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal \$	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER				VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	RECEIVE	.00	4	ROCESS FOR REVIEW	
c. State \$.00	DA	ATE:	
d. Local \$	OCT 1 1 2005	.00	b. No. 🗂 PF	ROGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		00	☐ OF		T BEEN SELECTED BY STATE
f. Program Income \$	TATE CLEARING HO	7USE		OR REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00		" attack on avalenation	. 🛭 🗗 No
18. TO THE BEST OF MY KNO	WI EDGE AND BELIEF	608,000 ALL DATA IN THIS APP		" attach an explanation	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative				Middle Name	
Prefix Mr.	First Name David				
Last Name McNeir				Suffix	
o. Title Board President				c. Telephone Number (209/541-1563	(give area code)
d. Signature of Authorized Repre	sentative			e. Date Signed	

E CENTER

OMB	Approval	No.	0348-	0043
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APPLICATION FOR	ı			CIVID App				
		2. DATE SUBMITTED October 1		Applicant identifier				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	U.			
Application Construction Mon-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier				
5. APPLICANT INFORMATION								
Legal Name: E Center				sheries Program				
Address (give city, county, State,			1	number of person to be contacted	on matters involving			
410 Jones Street, Uki	lah, Mendocino Co	unty, CA, 95482	this application (give at Joseph D. Sci	riven, (707) 468-0194	ext 131			
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in b	ax)			
9 4 - 2 2 3 2	9 3 3		A. State	H, Independent School Dist.	N			
B. TYPE OF APPLICATION:	-		B. County	I. State Controlled Institution of	Higher Learning			
New	Continuation	Revision	C. Municipal	J. Private University	-			
			D. Township					
If Revision, enter appropriate lette	er(s) in box(es)		E. Interetate	L Individual				
A. Increase Award B. Deci	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-Profit				
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:				
			National Oceanic	and Atomospheric Admir	istration			
TA AATALOG OF TERETAL DE	AMERICA COMTANCE NI	MOED.		·				
10. CATALOG OF FEDERAL DO	omestic assistance ni T		The state of the s	TLE OF APPLICANT'S PROJEC				
τπιε: Habitat Cons	L	1 1 - 4 6 3	Project 2006 200	Trainir	ig (WET)			
12. AREAS AFFECTED BY PRO	DIECT (Cities, Counties, Sta	•		J 1 1 2405				
Covelo, Round Valley, Me	endocino County, Eel F	Piver watershed						
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	STATE	BLEARING HOUSE				
Start Date	a. Applicant		b. Project	1				
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STA	TE EXECUTIVE			
a. Federal	1\$	<u>w</u>	ORDER 12372 PF	1002337				
		44,831	a. YES. THIS PRE	APPLICATION/APPLICATION W	AS MADE			
b. Applicant	\$	1,800	1	AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON:				
c. State	\$	40,048	DATE	10/12/05				
d. Local	\$	13,843	b. No. 🗖 PROGRA	AM IS NOT COVERED BY E. O.	1 2372			
e. Other	S	0	-	GRAM HAS NOT BEEN SELECTED BY STATE				
f. Program Income	\$	0		NT DELINQUENT ON ANY FED	EDAL CEDTO			
g. TOTAL	S.	100,522	1	attach an explanation.	EMAL DEBT ?			
18. TO THE BEST OF MY KNOW	 WLEDGE AND BELIFF. AL							
	AUTHORIZED BY THE GO	VERNING BODY OF TH		HE APPLICANT WILL COMPLY				
a. Type Name of Authorized Rep Thomas P. Wagner	presentative	b. Title Chief Executive Of	ficer	c. Telephone Number (707) 468-0194				
d. Signatural Authorized Repre	somplive //agree			e. Date Signed /E//E	105			
Previous Edition Usable				Standard Form 424 ((Rev. 7-97)			

FEDERAL ASSISTANC	E	2. DATE SUBMITTI	ED October 12, 2005	Applicant I		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	D BY STATE	GDO 04-173-3 State Application Identifier		
V. Construction	☐ Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ide	ntifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
₋egal Name:			Organizational Uni	t:		
California Polytech	nnic State University Four	ndation	Department:			
Organizational DUNS: 02-932-6246	RE(CEIVED	Division:	h and Graduat	e Programs	
Address:		- 0 - 2005 -	Name and telephor	e number of	person to be contacted on mat	
One Grand Avenue	. OC	7 2005	involving this appli Prefix: Dean	cation (give a First Name:	rea code)	
ity: San Luis Obispo	STATE C	LEARING HOUS	E Middle Name	 C.	Susan	
ounty: San Luis Obispo	4-1-1-1-1-1	4	Last Name			
tate: CA	Zip Code 93407		Suffix:	Opava		
ountry: USA	33407		Ph.D.			
EMPLOYER IDENTIFICATIO	N NUMBER (FIN)			opava@calpol		
95-1648180			Phone Number (give		Fax Number (give area code)	
TYPE OF APPLICATION:			(805) 756-1		(805) 756-1725	
V New	/ ☐ Continuation		7. TYPE OF APPLIC	ANT: (See ba	ck of form for Application Types	
Revision, enter appropriate lette ee back of form for description	or(e) in how(ee)	Revision	I. State Controlled Other (specify)	d Institution of I	Higher Education	
her (specify)			The Foundation is a 5	601(c)(3) tax-ex	kempt auxiliary of the University.	
		9. NAME OF FEDER	AL AGENCY:	nt Administration		
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPL	ICANT'S PROJECT:	
CLE (Name of Program): Gran	nts for Public Works and E	1 1-3 0 0 Economic Developmen	Construction	Park Initiative	- EDA Support for Building	
communities within San Luis (Obiene County	States, etc.):				
PROPOSED PROJECT	Spisho Contrib					
rt Date:	Ending Date:		14. CONGRESSIONA	L DISTRICTS		
November 1, 2005	October 3	31, 2009	a. Applicant 22nd & 20	Brd	b. Project 22nd & 23rd	
ESTIMATED FUNDING:				SUBJECT TO	REVIEW BY STATE EXECUTIVE	
ederal \$		1,800,000	THIS PRE	APPLICATION	I/APPLICATION WAS MADE	
pplicant \$		N	AVAILABL	E TO THE ST. S FOR REVIEV	ATE EXECUTIVE ORDER 1237	
tate \$		2,600.000	DATE: Oc	tober 7, 2005		
ocal \$		00	 b. No. PROGRAM	IS NOT COV	ERED BY E. O. 12372	
ther \$.00	OR PROG	RAM HAS NO	T BEEN SELECTED BY STATE	
ogram Income \$		00	FOR REVI	ΕW	T ON ANY FEDERAL DEBT?	
OTAL \$		4,400,000	Yes If "Yes" attach	an evalanation	VI No	
	LEDGE AND BELIEF, AI JTHORIZED BY THE GO E ASSISTANCE IS AWA	LL DATA IN THIS AP	51 16 4 216 117 2 2 2		RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
Ithorized Representative	irst Name					
^ Mr. Pame		Michael	Middle N	ame	-	
			Suffix			
Fish le	itle ector, Grants Development Office			c. Telephone Number (give area code) (805) 756-2982		
le ctor, Grants Development Offic	ce		[(805) 75	6-2982	give area code)	
le	ce ntative Mulian	tyli	c. Teleph (805) 75 e. Date S	6-2982	1 1 -	

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	10/7/05	Applicant Iden	tifler
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATÉ RECEIVED BY	STATE	State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ler
☐ Non-Construction	Non-Construction				RECEIVED
5. APPLICANT INFORMATION			Organizational U	n lė:	
Legal Name:			Department:		OCT 0 7 2005
The Redevelopment Agency of	the City of San Jose		Industrial Develop	oment	
Organizational DUNS: N/A		gramme is a program process.	Division:		STATE CLEARING HOUSE
Address:	REC		Name and teleph	one number of pel piloation (give are:	rson to be contacted on matters
Street: 200 E. Santa Clara St., 14th Flo	or		Prefix:	First Name:	
O11-	OCT_	<u>0.7 7uc*</u>	Ms. Middle Name	Julie	
Clty: San Jose					
County: Santa Clara		EARING HOUSE	Last Name Amato		
State: California	Zlp Code 95113		Suffix:	anne ver e e e e e e e e e e e e e e e e e	
Country: USA			Email: julie.amato@sanje	oseca.gov	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gl		Fax Number (give area code)
94-1519107]		(408) 795-1845		(408) 292-6755
B. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See back	of form for Application Types)
₽ Nev		on 🔲 Revision	Redevelopment A	gency incorporated	under State of California law
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
,	·		A NAME OF FEB	FRAL AGENCY.	
Other (specify)			9. NAME OF FED Economic Develop	enat Adency: pment Administratio	on, Department of Commerce
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
		11-307	Phase 1 of the Sa	ın Jose Electronic T	ransportation Development Center
TITLE (Name of Program): Economic Adjustment Assistant					*
12. AREAS AFFECTED BY PR		s. Steles. etc.):	-		
San Jose					
13. PROPOSED PROJECT			14. CONGRESSIO	DNAL DISTRICTS	OF:
Start Date:	Ending Date: December 31, 2006		a. Applicant California Distri	ole 15 and 18	b. Project same
January 1, 2006 15, ESTIMATED FUNDING:	December 31, 2006				REVIEW BY STATE EXECUTIVE
a Fodom)		w	ORDER 12372 PR	OCESS?	(APPLICATION WAS MADE
a. Federal \$		200,000	_ a. Yes. RE AVAIL	ABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$		90,000	PROC	CESS FOR REVIEW	V ON
c. State \$	***	ua .	DATE	: 10/7/0	15
d. Local \$	1	.w	b. No. III PROG	BRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		110,000			T BEEN SELECTED BY STATE
f. Program Income \$				REVIEW ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL S	* ****	400,000	QYes If "Yes" at	tach an explanation	. Ø No
18. TO THE BEST OF MY KNO		F, ALL DATA IN THIS AP	PLICATION/PREAP	PLICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			THE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	-		· · · · · · · · · · · · · · · · · · ·		
Prefix Mr.	First Name Harry		Mid S.	idle Name	
Last Name Mavrogenes			ಽಀ		
b. Title Executive Director			C. 7 (4)	Telephone Number 08) 795-1888	(give area code)
d. Signature of Authorized Repre	Berry	<u> </u>		Date Signed /0/	6/05
Previous Edition Usable Authorized for Local Reproduction	on /				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE			ICE 1. TYPE OF SUBMISSION:			
			Non-Construction			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE REC	CEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
01/25/05 2b. APPLICATION ID:	: 4. DATE REC	NE IVED.		GRANT NUMBER:		
05SF049579		EIVED:		05SFPCA004		
	01/25/05		· · · · · · · · · · · · · · · · · · ·	03SFPCA004		the tender of the state of the
5. APPLICATION INFORMATION			NAME AND COM	NTACT INCODMATION	EOD DOOLECT	T DIRECTOR OR OTHER
LEGAL NAME: Seniors Council Santa Cruz/San DUNS NUMBER: 140698080	Benito		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):			
ADDRESS (give street address, city, state an	d tin codal:		NAME: Thomas F	L eele		
234 Santa Cruz Ave	a 2p coue).		TELEPHONE NU	JMBER: 8314750816x16	5	
Aptos CA 95003 - 4438			FAX NUMBER:	8316881225		**
			INTERNET E-MA	AIL ADDRESS: Isco@en	ızio.com	
6. EMPLOYER IDENTIFICATION NUMBER (E	EIN):		7. TYPE OF APP	LICANT:		
942662950			7a. Non-Profit			
			7b. Community-B	ascd Organization	P*************************************	
8. TYPE OF APPLICATION:						DEAEN /
NEW CONTIN	IUATION					RECEIVED
f Revision, enter appropriate letter(s) in box(e	es): BR					OCT 0 6 2005
A. Increase Award B. Decrease Award	d C. Increa	ase Duration			100	ATE OLEADING
D. Decrease Duration			-		31	ATE CLEARING HOU
PY 05.83% admin increase				deral agency: tion for Nation	al and Co	ommunity Service
10a. CATALOG OF FEDERAL DOMESTIC AS	SISTANCE NUME	BER: 94.011	11, DESCRIPTIV	E TITLE OF APPLICAN	T'S PROJECT:	
10b. TITLE: Foster Grandparent Program			Tri-County CA FGP			
12. AREAS AFFECTED BY PROJECT (List Ci	ties, Counties, St	lates. etc);				
California-Santa Cruz County, Monterey Coun Santa Cruz, Felton, Live Oak, Soquel, Aptos, V						
3. PROPOSED PROJECT: START DATE:	ENI	D DATE:	14. PERFORMAN	NCE PERIOD: START D	DATE: 01/01/05	END DATE: 12/31/07 _
5. ESTIMATED FUNDING:				TON SUBJECT TO REV	VIEW BY STATE	EXECUTIVE
a. FEDERAL	\$ 583,105.0	00	ORDER 12372 PROCESS?			
b. APPLICANT	\$ 254,968.0	00		PREAPPLICATION/APP E STATE EXECUTIVE O		
c. STATE	\$ 0.0	00	REVIE	EW ON: : 06-SEP-02		
d. LOCAL	S 254,968.0	00		.,		
e. OTHER	\$ 0.0	00				
f. PROGRAM INCOME	\$ 0,0	00	_	ICANT DELINQUENT (RAL DEBT?
g. TOTAL \$ \$38,073.00		∐ YE	ES if "Yes," attach an	explanation.	[X] NO	
8. TO THE BEST OF MY KNOWLEDGE AND JULY AUTHORIZED BY THE GOVERNING B S AWARDED.	BELIEF, ALL DA	ATA IN THIS APPLICATION PPLICANT AND THE APP	DN/PREAPPLICATE	TION ARE TRUE AND O	CORRECT, THI ACHED ASSUR	E DOCUMENT HAS BEEN RANCES IF THE ASSISTANCE
. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE:	b. TITLE:			c. TELEPHON	E NUMBER:
Clay J. Kempf	1000.1	Executive Director			831-688-04	
				- 10.740		W 4
						•
		Executive (//tector			d. DATE: 01/25/05	

PART I - FACE SHEET

APPLICATION FOR F	ASSISTAN	1. TYPE OF SUBMISSION:				
AT LIGATION ON		.102				
a DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS):	3. DATE RECEI	VED BY STATE:		STATE APPLICATION IDEN	INFIER:	
10/08/04 b. APPLICATION ID:	4. DATE RECEIVED:			GRANT NUMBER:		
05SC047413	10/08/04			\$55CPCA \$\$C		
				· 1		
5. APPLICATION INFORMATION LEGAL NAME: Segions Council Senta Cruz/Sen Benito			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Thomas Roofe			
DDRESS (give street address, city, state and zip code);			TELEPHONE NUMBER: 8314750816x16			
234 Santa Cruz Ave Aptos CA 95003 - 4438			FAX NUMBER: 8316881225 INTERNET E-MAIL ADDRESS: Isca@cruzio.com			
EMPLOYER IDENTIFICATION NUMBER (BN):		7. TYPE OF APPLICANT:			
942662950	- · · , ·		7a. Non-Profit			
			7b. Community-E	Based Organization	RECEIVE	
, TYPE OF APPLICATION:						
X NEW CONTINUATION					OCT 0 6 200	
REVISION Revision, enter appropriate letter(s) in box(es):				CTATE OF EACH	
Increase Award B. Decrease Awar		se Duration	-		STATE CLEARING H	
D. Decrease Duration						
			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
0a. CATALOG OF FEDERAL DOMESTIC AS	CONTANCE AU IMPI	ED: 04.016		/E TITLE OF APPLICANTS P		
Ob. TITLE: Senior Companion Program	SSISTANCE NOMB	ER. 54.010	Tri-County SCP			
			-			
2. AREAS AFFECTED BY PROJECT (List of						
California: Counties of Senta Cruz, Sen Benito Aptos, Salinas, Sesside, Hollister	o, Monterey: Commun	nities of Santa Cruz,	,		ĺ	
3 PROPOSED PROJECT: START DATE: 01/01/05 END DATE: 12/31/07			14. PERFORMANCE PERIOD: START DATE: END DATE:			
5 ESTIMATED FUNDING:			16. IS APPLICA	TION SUBJECT TO REVIEW	BY STATE EXECUTIVE	
a. FEDERAL	\$ 34,500.00		ORDER 12372 PROCESS? X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-SEP-02			
b. APPLICANT	\$ 77,158.00					
c. STATE	\$ 55,852.00					
d. LOCAL	\$ 21,306.00	0			•	
e. OTHER	\$ 0.00	\$ 0.00				
f. PROGRAM INCOME	\$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES if "Yes," attach an explanation. X NO			
1, FROOIDGE HOOSE	\$ 111,658.00					
g. TOTAL		_	TION/PREAPPLIC	ATTON ARE TRUE AND COR	RECT, THE DOCUMENT HAS BEEN	
18. TO THE BEST OF MY KNOWLEDGE AN DULY AUTHORIZED BY THE GOVERNING	D BELIEF, ALL DA BODY OF THE AF	PPLICANT AND THE A	APPLICANT WILL	COMPLY WITH THE ATTACH	HED ASSURANCES IF THE ASSISTANCE	
18. TO THE BEST OF MY KNOWLEDGE AN DULY AUTHORIZED BY THE GOVERNING S AWARDED.	BODY OF THE AF	DE TITLE:	APPLICANT WILL	COMPLY WITH THE ATTACE	TELEPHONE NUMBER:	
g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AN DULY AUTHORIZED BY THE GOVERNING IS AWARDED. 2. TYPED NAME OF AUTHORIZED REPRE	BODY OF THE AF	PPLICANT AND THE A	APPLICANT WILL	c.	TED ASSURANCES IF THE ASSISTANCE	

APPLICATION FOR		}		<u> </u>	Version 7/0		
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applica	State Application Identifier		
☑ Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Iden	Federal Identifier		
Non-Construction	Non-Construction	1					
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Un	it:			
Tooleville Mutual Nonprofit Wa	iter Association, Inc.		Department:				
Organizational DUNS: 180631371			Division:				
Address:			Name and telepho	ne number of p	erson to be contacted on matters		
Street: P.O. Box 579			involving this appl Prefix:	First Name:	rea code)		
City: Exeter			Ms Middle Name R.	Sylvia			
County:			Last Name				
Tulare State:	Zip Code		Soria Suffix:				
CA	93221						
Country: United States of America			Email: sylvias@selfhelpen	terprises.org			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	,	Phone Number (give	area code)	Fax Number (give area code)		
77-0388164			559-651-1000 ext 6	88	559-651-3634		
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bad	ck of form for Application Types)		
F Davision, enter appropriate let		on 🔲 Revision	N	The second section of the second section secti	en en la companya de		
If Revision, enter appropriate let (See back of form for description	n of letters.)		Other (specify)	e mage yes, as a	en e		
Other (appeils)			Private Not-for-Profi		Company		
Other (specify)	V V THAT HOPE -	Mark State Committee Commi	US Department of A		Development		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:	1		ICANT'S PROJECT:		
•	(<u>발표</u> 속) (1	10-760	Tooleville Water Sy	stem Rehabilita	tion Project		
TITLE (Name of Program): Water and Waste Disposal Loa	n and Grant Program				OF: STATE		
12. AREAS AFFECTED BY PR		es, States, etc.):	1 1 mar 1 1	· Salah in the sal	LIVE		
Community of Tooleville, Tulare	e County, California	e A. C.			007 - 6 200		
13. PROPOSED PROJECT				IAL DISTRICTS	OF: STATE		
Start Date: 3/2006	Ending Date: 9/2006		a. Applicant		b. Project E CLEARING		
15. ESTIMATED FUNDING:	3/2000		16. IS APPLICATIO	N SUBJECT TO	b. Project TE CLEARING HOUSE PREVIEW BY STATE EXECUTIVES		
a. Federal \$		00	ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE		
b. Applicant \$		499,639	AVAILA	BLE TO THE ST SS FOR REVIE	ATE EXECUTIVE ORDER 12372		
c. State \$			DATE:	SST ON NEVIE	VV OIV		
d. Local \$		00		AM IS NOT COV	VERED BY E. O. 12372		
e. Other \$			ORPRO		OT BEEN SELECTED BY STATE		
f. Program Income \$			17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		499,639 ·	Yes If "Yes" attac	ch an explanation	n. 🗹 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PPLICATION/PREAPPL F THE APPLICANT AND	THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE		
a. Authorized Representative Prefix	First Name		Middle	e Name			
Prefix Mr.	First Name Merle						
Last Name Bailey		2	Suffix Mr.				
o. Title Board President <i>MO</i>	le Barl	9		ephone Number 592-4103	(give area code)		
I. Signature of Authorized Repre	sentative	/		e Signed ()	20 00		

PART I - FACESHEET

APPLICATION FOR	FEDERAL ASSISTA	1. TYPE OF SUBMISSION:					
			Application Non-Construction				
2. DATE SUBMITTED TO CORPORATION F NATIONAL SERVICE (CNS):	DATE SUBMITTED TO CORPORATION FOR 3. 2. DATE RECEIVED BY STATE: ATIONAL SERVICE (CNS):			3.b. STATE APPLICATION IDENTIFIER:			
October 6, 2005	4, a, DATE RECEIVED BY CNS:		4.b. CNS GRANT NUMBER: 03SFPCA001				
5. APPLICANT INFORMATION				- 1			
LEGAL NAME: Fresno County Reconomic Opp	commission	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give					
ORGANIZATIONAL UNIT: Foster G	randparent Prostram	ureu (unkes):					
ADDRESS (give street address, city, county, sto 1920 Mariposa Mall, Suite 3	RECEIVED	name: Victoria Lopes telephone number: (559) 263-1533 fax number: (559) 263-1540					
Fresno, CA 93721	1						
Fresno County	OCT 0 6 2005						
6. EMPLOYER IDENTIFICATION NUMBER	6. EMPLOYER IDENTIFICATION NUMBER (ETV) TATE OF TABLE 17 TYPE OF APPLICANT: (enter appropriate letter in box)						
94 - 160651	9	N					
8. TYPL OF APPLICATION (Check appropriat	•	A. State B. County		ent School District strolled Institution of Higher Learning			
□ NEW ■ CONTINUATE	ON	C. Municipal J. Private University D. Township K. Indian Tribe					
-		E. Intersta	±Ĉ T∴ (ndividuw	l			
If Revision, enter appropriate letter(s) in box(es):	F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization					
A. Increase Award B. Decrease D. Decrease Duration E. Other (s		O. Other (specify) 9. NAME OF FEDERAL AGENCY:					
Ì		Corporation for National Service					
10. CATALOG OF FEDERAL DOMESTIC	ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
RSVP: 94,002 FGP: 94,011		I	The Foster Grandparent Program provides volunteer opportunities				
SCP: 94.016 9 4 0 1 1			for 76 low income persons age 60 and over who volunteer 20				
Senior Demonstration: 94,015 hours/week with at-risk youth.							
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Fresno County California,							
Contiguous city in Madera County, California							
12 PHOPOSED PROJECT: START DATE: 01/01/06 FIND DATE: 17/31/08							
14. ESTIMATED FUNDING: Year 1 of a Three	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE						
A FEDERAL \$355,	976	ORDER 12372 PROCESS?					
b. APPLICANT \$ 9,	787	a. YF:	a. YES. THIS PREAPPLICATION/AFFLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. STATE \$	0		DATE <u>October 6, 2005</u>				
d. LOCAL \$ 65,	888	h vp	OR PROGRAM HAS NOT BUEN SELECTED BY STATE FOR REVIEW				
c. OTHER \$)	VEATER					
f. TOTAL \$431,0	551	16. TS T	THE APPLICANT DELINOUENT ON ANY FEDERAL DEBT? YES If "Yes," autsich im explanation. NO				
17. TO THE BEST OF MY KNOWLEDGE AN AUTHORIZED BY THE GOVERNING BODY OF	D BELIEF, ALL DATA IN THIS APPLICA	ATION/PREAPPI VILL COMPLY	LICATION ARE TRUE AND CO	DARECT, THE DOCUMENT HAS BEEN DULLY			
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 10. TYPED NAME OF AUTHORIZED REPRESENTATIVE: 10. TITLE: 10. TELEPHONE NUMBER:							
Roger Palomiko	· · · · · · · · · · · · · · · · · · ·	ive Direc	e Director (559)-263-1012				
4 SIGNATURE OF AUTHORIZED REPRESE	NTATIVE:			c. DATE SIGNED:			
Lille X B	wasti yo			September 30, 2005			
Modified Standard Form 424-NSSC (I	Rev 4/01)						

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A TACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix
First Name
Carlos

Suffix

Suffix

C. Telephone Number (give area code)
(559) 901-7811

d. Signature of Authorized Representative

e. Date Signed

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Sandard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102